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(Requestor's Name)

(Address)

(Address)

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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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VALIDATION ONLY

8/20/04

Requestor's Name PBR

Address

City State ZIP Phone

CORPORATION(S) NAME

Airbrush Illusions, Inc.

(X) Profit
( ) NonProfit
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution
( ) Mark
( ) Limited Partnership
( ) Annual Report
( ) Other
( ) Reinstatement
( ) Reservation
( ) Change of Registered Agent
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AIRBRUSH ILLUSIONS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1611 LAUREL WAY
TAVARES FL. 32778

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES @ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

THOMAS BROWN JR.
1611 LAUREL WAY
TAVARES FL. 32778

ARTICLE V INCORPORATOR(S)
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

THOMAS BROWN JR. DIRECTOR, PRESIDENT, VICE PRESIDENT, TRES., SECY.
1611 LAUREL WAY
TAVARES FL. 32778

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of August, 19 2004.

Tho Brn Jr.
Signature

____
Signature

____
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: AIRBRUSH Illusions INC.

2. The name and address of the registered agent and office is:

THOMAS BROWN JR.
(NAME)

1611 LAUREL WAY
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

TAVARES FL 32778
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

Aug 20, 2004
(DATE)